Journal of the American College of Cardiology
© 2011 by the American College of Cardiology Foundation
Published by Elsevier Inc.

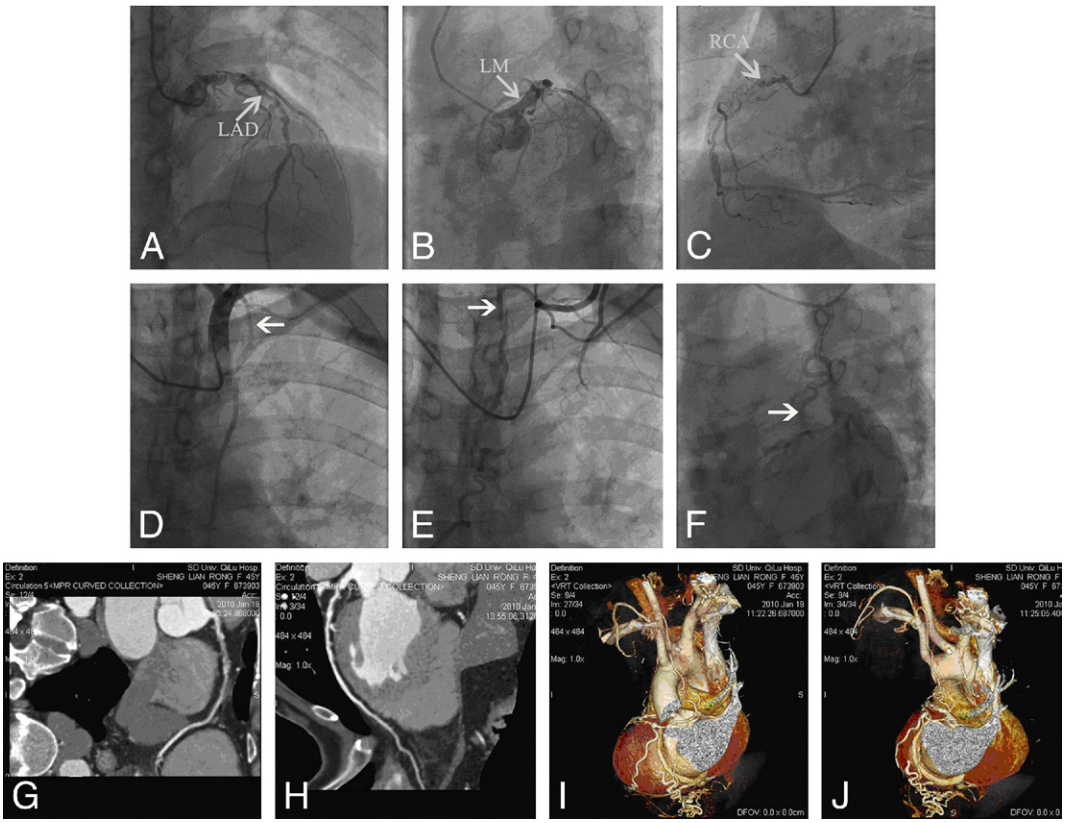
Vol. 57, No. 1, 2011
ISSN 0735-1097/$36.00
doi:10.1016/j.jacc.2010.04.073

IMAGES IN CARDIOLOGY

Aberrant Origin of Circumflex Coronary Artery From Left Subclavian Artery

Chuan-Bao Li, MM, Yan-Wen Bi, MD, Wen-Yu Sun, MD, Rui-Jian Li, MD, Gui-Shuang Li, MD, Bei-An You, MD, Wen-Qiang Chen, MD, Da-Qing Li, MD, Yu-Guo Chen, MD, Yun Zhang, MD

Shandong, China



From the Key Laboratory of Cardiovascular Remodeling and Function Research, Chinese Ministry of Education and Chinese Ministry of Health, Shandong University Qilu Hospital, Shandong, China. Drs. Li and Bi contributed equally to this work.
Manuscript received April 19, 2010; accepted April 21, 2010.

A 45-year-old man with significant ST-segment changes in anterolateral derivations underwent cardiac catheterization. A coronary angiogram revealed severe stenosis and ectasia of the left main coronary artery (LM) and left anterior descending artery (LAD), occlusion of left circumflex (LCX) coronary artery root, and proximal occlusion of the right coronary artery (RCA) (**A to C**, Online Videos 1, 2, and 3). However, the LCX received good collateral circulation in the normal course. Then we performed a selective left subclavian artery (LSA) angiogram and found that the anomalous LCX arose from an unusual branch of the LSA (**D to F**, Online Video 4). Cardiac computed tomography confirmed an aberrant LCX that originated from the LSA via a long branch **(G to J)**. The patient underwent an elective coronary artery bypass graft operation, and the LCX was found to follow a posterior long-branch course from the LSA. A 1-month follow-up survey indicated that the patient had fully recovered.